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PTO/SB/21 (09-04)

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Under the Paperwork Reduction Act of 1995, no	Application Number	10/786,209					
TRANSMITTAL	Filing Date	February 25, 2004					
FORM	First Named Inventor	Alejandro O. Dee					
	Art Unit	1615					
(to be used for all correspondence after initial filin	Examiner Name	N. Levy					
Total Number of Pages in This Submission	Attorney Docket Number	10004.512					
	ENCLOSURES (Check all	that apply)					
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Arminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI Remarks	Address Status Letter Other Enclosure(s) (please Identify below): PTO/SB 08a (1p); PTO/SB 08b (2pp); and 23 documents					
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATI	JRE OF APPLICANT, ATTO	RNEY, OR AGENT					
Firm Name SMITH LAW OFFICE							
Signature	17						

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

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Jeffry W. Smith

Typed or printed name

Date

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Reg. No.

33455



EXPRESS MAIL LETTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dee et al.

Filing Date:

February 25, 2004

Application No.:

10/786,209

For:

FATTY ACID ANTIMICROBIAL

Docket No.:

10004.512

Express Mail No.:

EV597766405US

Date of Deposit:

January 30, 2006

I hereby certify that these attached documents

- > Response postcard
- > Check in the amount of \$1020.00
- > PTO/SB 21 (1p)
- > PTO/SB 17 (1p) and 1 copy
- > PTO/SB 22 (1p) and 1 copy
- Response to Official Action (4pp)
- > Check in the amount of \$180.00
- > Information Disclosure Statement (3pp), PTO/SB 08a (1p) and PTO/SB 08b (2pp) and 23 documents

are, being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 35 C.F.R. §1.10 on the date indicated above and is addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450

(Jeffry W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

Jeffry W. Smith, Reg. No. 33455

Attorney for Applicant SMITH LAW OFFICE

440 Science Drive, Suite 302

Madison, WI 53711 (608) 663-8200

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 The Parish Sur U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. s pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/786,209 **Application Number** TRANSMITTAI Filing Date February 25, 2004 For FY 2005 First Named Inventor Alejandro O. Dee **Examiner Name** N. Levy Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1615 **TOTAL AMOUNT OF PAYMENT** (\$) 1200.00 Attorney Docket No. 10004.512 **METHOD OF PAYMENT** (check all that apply) Credit Card Check → Money Order

L __None Other (please identify): Deposit Account Name: SMITH LAW OFFICE Deposit Account Deposit Account Number: 502911 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 100 250 200 100 100 130 Design 50 65

100 = / 50 = (round up to a whole number) x =	Design	200	100	100	50	150	0.5		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee (\$)	Reissue	300	150	500	250	600	300		
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$)	Provisional	200	100	0	0	0	0		
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- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	HP = highest number of t	otal claims paid for,	, if greater than 2	20.					
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Non-English Specification, \$130 fee (no small entity discount)		ification, \$13	30 fee (no sm	all entity di	scount)			Fees Paid (\$	1
Other (e.g., late filing surcharge): Three month extension of time; Information Disclosure Statement 1200.00	1200.00	_							

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Registration No. 33455

(Attorney/Agent)

Telephone 608-663-8200

. 30, 2006

SUBMITTED BY

Name (Print/Type)

Signature